

**Virginia Health Information under contract to Virginia Department of Health
Continuing Care Retirement Community Detail Report EPICS System**

5.0 Statistics

5.1 Patient days by principal type of payer: (report only nursing home bed data)

	CCRC Contract		Open Admission	
	Patient Days	Net Revenue per Patient Day	Patient Days	Net Revenue per Patient Day
a. Medicare Part A				
b. Medicare Part B (not associated with patient days)				
c. Medicaid				
d. Medicaid Specialized Care				
e. HMO, PPO, other insurance				
f. Veterans Administration or other government				
g. Self-pay				
h. Other				
i. Total				

5.0 Statistics -

CCRC Contract - Refers to those patients in the CCRC's nursing home unit who were patients of a non-nursing home portion of the CCRC prior to being admitted to the nursing home unit and who are expected to return to a non-nursing home unit of the CCRC upon discharge from the nursing home unit.

Open Admission - Refers to those patients in the CCRC's nursing home unit who were not patients of a non-nursing home portion of the CCRC prior to being admitted to the nursing home unit.

Patient Days - Patient Days by Type of Payer (only nursing home bed data). Report patient days for nursing home patients according to the principal payer for the patient days, using the payer categories listed in lines 5.1a through 5.1h.

Net Revenue per Patient Day - Report the Net Patient Revenue divided by Patient Days in each of the payer types.

a. Medicare (Part A) - Report patient days and net revenue for all nursing home services to patients whose nursing home care is primarily paid by Medicare Part A.

c. Medicaid - Report patient days and net revenue for all nursing home services to patients whose nursing home care is primarily paid under Virginia Medicaid System

d. Medicaid Specialized Care - Report patient days and net revenue for all nursing home services to patients whose care is primarily paid under Virginia Medicaid's Special Care program

e. HMO, PPO, other insurance - Report patient days and net revenue for all nursing home services to patients whose nursing home care is primarily paid by a health maintenance organization, a preferred provider organization (PPO) or other non-government payer.

f. VA and other government not listed above - Report patient days and net revenue for all nursing home services to patients whose nursing home care is primarily paid by the Veterans Administration or by a government-sponsored program other than Medicaid or Medicare.

g. Self-pay - Report patient days and net revenue for all self-pay patients occupying nursing home beds.

h. Other patient days - Report patient days and net revenue for all nursing home services to patients whose charges have not been reported in categories 5.1a through 5.1g.

5.2 Beds by certification status:

a. Medicare	
b. Medicaid	
c. Dually Certified (Medicare and Medicaid)	
d. Non-certified	
Total nursing home beds	
e. Assisted living facility or other non-nursing home beds	
f. Total beds in facility	

5.2 Beds by certification status: - Report licensed beds by certification status, according to the categories listed.

a. Medicare - Report the number of beds certified to provide skilled nursing facility care to Medicare patients (but not certified as Medicaid beds).

b. Medicaid - Report the number of beds certified to provide nursing facility care to Medicaid patients (but not certified as Medicare beds).

c. Dually Certified - Report the number of beds dually certified for both Medicare and Medicaid.

d. Non-certified - Report the number of licensed nursing home beds (but excluding any non-nursing facility beds, such as adult care residence beds) that are not certified either for Medicare patients or Medicaid patients.

Total nursing home beds - All licensed nursing home beds in the facility. The sum of lines 5.2a through 5.2d.

e. Assisted living facility or other non-nursing home beds - Report the number of licensed assisted living facility or other licensed or *unlicensed* non-nursing home beds in the facility. For independent living units, which are not licensed, estimate the expected average occupancy.

f. Total beds in facility - The total number of nursing home and other beds in the facility.

Nursing Home Paid Full-Time Equivalent (FTEs) (Not Shared):

	On Payroll	Contract
a. Administrator/Assistant Administrator		
b. Registered Nurse, Director of Nursing		
c. Licensed Nurse Practitioners on Staff		
d. Registered Nurses on Staff		
e. Licensed Practical Nurses on Staff		
f. Certified Nursing Assistants		
g. Dieticians		
h. Food Service Personnel		

i. Occupational Therapists		
j. Occupational Therapy Assistants/Aides		
k. Physical Therapists		
l. Physical Therapy Assistants/Aides		
m. Speech Therapists		
n. Activities Personnel		
o. Social Service Personnel		
p. Other Health Professional & Tech. Personnel		
q. Housekeeping Personnel		
r. Maintenance Personnel		
s. Other Non-Health and Non-Tech. Personnel		
t. Total		

5.3 Nursing Home Paid Full-Time Equivalent (FTEs) (Not Shared): - Paid Full-Time Equivalent (FTEs). Calculate paid FTEs as the total number of hours paid (including worked hours, benefit hours, contracted hours for agency personnel, and paid hours for contracted services provided within the facility) divided by 2080 and rounded to one decimal place. If there are staff positions shared between a nursing home unit and a non-nursing home unit of the facility (e.g., an adult care residence or a hospital), please report on this nursing home Historical Filing ONLY that portion of the shared FTEs that are properly allocated to the nursing home. Do not include home office FTEs. Contract FTEs (contracted hours for agency personnel and paid hours for contracted services provided within the facility) are to be reported under Contract.

(If this Historical Filing is for a period with greater or fewer than 52 weeks in it, determine the number of FTEs for the period by dividing the total hours paid during the period by the appropriate number of standard work hours in the period, based on a standard of 40 hours per week. For example, if this filing is for a period of 26 weeks, calculate paid FTEs for this period by dividing the total number of paid hours during the 26-week period by 1040 (26 x 40) standard work hours.)

On Payroll - Calculate Payroll FTEs as the total number of hours paid (including worked hours and benefit hours, divided by 2080 and rounded to one decimal place.

Contract - Calculate Contract FTEs as the total number of contracted hours for agency personnel, and paid hours for contracted services provided within the facility) divided by 2080 and rounded to one decimal place. (Some contractors may not be able to provide the number of FTEs. In this case, please estimate the number of FTEs required to fulfill the performance if they were on the payroll.)

a. Administrator/Assistant Administrator - Administrator - the top-level position in the facility. The person currently licensed as an administrator in the State, who is in charge of policy development, coordination, procedural development, and planning of the institution. Assistant Administrator - a person who works under the supervision of the facility administrators department administration assistant for the areas of finance, organization, personnel, purchasing, accounting, and voluntary services.

b. Registered Nurse, Director of Nursing - Nurse who has graduated from approved school of nursing currently serving as director of nursing.

c. Licensed Nurse Practitioners on Staff - Licensed Nurse Practitioner - registered nurses who have successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgement, and management abilities to restore, maintain and improve the health status of patients. These nurses are jointly licensed by the Board of Nursing and Board of Medicine. Included are nurse anesthetists, nurse-midwives, and primary nurse practitioners.

d. Registered Nurses on Staff - Nurses who have graduated from approved schools of nursing who are currently registered by a State. They are responsible for the nature and quality of all nursing care that patients receive.

e. Licensed Practical Nurses on Staff - Licensed Practical or Vocational Nurses - nurses who have graduated from an approved school of practical (vocational) nursing who are currently licensed by the state and who work under the supervision of registered nurses.

- f. Certified Nursing Assistants** - Nursing Assistants - persons who, under the direct supervision of a registered/licensed nurse, assist the nursing staff by performing routine duties in caring for patients.
- g. Dieticians** - Persons who apply the principles of nutrition and management in administering institutional food service programs, plan special diets at the physician's request, and instruct individuals and groups in the application of nutrition principles to the selection of food. Remember to report consultants under Contract.
- h. Food Service Personnel** - Food Service Supervisor - an individual trained in the procurement, preparation, and serving of food, as well as in the supervision and management of food handlers. If this individual is not a professional dietician, then the person so designated shall receive regularly scheduled consultation (at least monthly) from a dietician or other person with suitable training.
- i. Occupational Therapists** - Persons who evaluate the self-care, work, and play/leisure time task performance skills of well and disabled clients of all age ranges; plan and implement programs and social and interpersonal activities designed to restore, develop, and/or maintain the client's ability to satisfactorily accomplish those daily living tasks required of his specific age and necessary to his particular occupational role adjustment. Remember to report consultants under Contract.
- j. Occupational Therapy Assistants/Aides** - Occupational Therapy Assistants - persons who work under the supervision of an occupational therapist in evaluating clients, planning and implementing programs, and who are prepared to function independently when working with clients. Occupational Therapy Aides (or Attendants) - persons who assist occupational therapists in administering medically oriented occupational programs to assist in rehabilitating patients.
- k. Physical Therapists** - Physical Therapists - therapists who use physical agents, bio-mechanical and neuro-physiological principles and devices to assist in relieving pain, restoring maximum function, and preventing disability following disease, injury or loss of bodily parts. Remember to report consultants under Contract.
- l. Physical Therapy Assistants/Aides** - Physical Therapy Assistants and Aides - persons who assist the physical therapist by assembling equipment, carrying out specified treatment programs, and helping with complex treatment procedures. Other duties include responsibility for the personal care of patients, safety precautions, routine clerical and maintenance work.
- m. Speech Therapists** - Speech Therapists - therapists concerned with evaluation and treatment of speech disorders. Remember to report consultants under Contract.
- n. Activities Personnel** - Recreational/Activities Aides - persons who assist the recreational/activities director in approved programs or activity for the patients.
- o. Social Service Personnel** - Social Service Assistants/Aides - persons trained to identify the medically related social needs of the clients. Furthermore, they are in charge of formulating a plan to meet the physical, social and emotional needs of the patients.
- p. Other Health Professional & Tech. Personnel** - All Other Health Professional and Technical Personnel - persons not previously included who work in occupations requiring special education and training to allow them to function in a health setting.
- q. Housekeeping Personnel** - Housekeeping Personnel - include maids, laundry personnel, unskilled janitors, etc.
- r. Maintenance Personnel** - Maintenance Personnel - personnel who perform routine and/or non-routine repairs and upkeep to the building and grounds of your facility.
- s. Other Non-Health and Non-Tech. Personnel** - All Non-Health Professional and Non-Technical Personnel - persons not previously counted in any of the categories above.

5.4 Vacant Positions

a. Registered nurse positions vacant	
b. Licensed practical nurse positions vacant	
c. Certified nursing assistant positions vacant	

5.4 Vacant Positions - Please count the numbers of unfilled positions for which your facility is actively recruiting.

a. Registered nurse positions vacant - Number of Registered Nurse Positions vacant

b. Licensed practical nurse positions vacant - Number of Licensed Practical Nurse Positions vacant

c. Certified nursing assistant positions vacant - Number of Nursing Assistant Positions vacant

5.5 Quarterly Statistics

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
a. RUGS Total CMI				
b. RUGS Total Patients				
c. Calculated Annual CMI				

RUGS Total CMI - Report the RUGS Total patient Case Mix Index as reported to you by Medicaid, for each of the calendar quarters (normally four quarters) in the period for which you are reporting data. Be sure to use the Total Patient CMI and not the Medicaid-only CMI. This data will be imported from Medicaid by VHI after receiving the filing; therefore the completion of these fields is optional.

RUGS Total Patients - Report the RUGS Total number of patients as reported to you by Medicaid, for each of the calendar quarters (normally four quarters) in the period for which you are reporting data. Be sure to use the Total Patients and not the Medicaid-only patients. This data will be imported from Medicaid by VHI after receiving the filing; therefore the completion of these fields is optional.

6.0 Admissions, Discharges, and Days

		CCRC Contract	Open Admission	Total
6.1	New Admissions			
6.2 Discharges	Live Discharges			
	Deaths			
	Total Discharges			
6.3	Held Bed Days			
6.4 Respite Care	Admissions			
	Discharges			
	Days of Care			

6.0 Admissions, Discharges, and Days - This section gathers basic utilization information on skilled nursing facility (SNF) bed activity for both CCRC contract holders and open admission patients.

6.1 New Admissions - Report the number of patients initially admitted to SNF beds during the report period by their unit of initial admission. You may count in this total those patients returning to your facility from elsewhere, if you considered them a formal admission for records.

6.2 Discharges: - Please include those patients discharged from SNF beds due to death or in a manner requiring a new admission to return. Exclude those patients who went to a hospital or elsewhere if you officially held the SNF beds for these people until they returned and you therefore did not officially discharge them.

6.3 Held Bed Days - The sum of SNF beds times days, if any, on which SNF beds were officially held in reserve for patients during their temporary absence.

6.4 Respite Care: - The temporary housing and care of a patient in your nursing facility unit. This would typically be for a period of six weeks or less, during which time the patient's usual caregivers are relieved of that responsibility (an example would be a short stay while the patient's family is on vacation.)

7.0 Specialized Services

a. Alzheimer's and Related Dementia Units	Yes/No
b. Palliative Care	Yes/No
c. Pediatric Rehabilitation	Yes/No
d. Pediatric Services	Yes/No
e. Renal Dialysis	Yes/No
f. Specialized Wound Care	Yes/No
g. Ventilator Care	Adult/Pediatric/None

7.0 Specialized Services -

a. Alzheimer's and Related Dementia Units - Distinct units providing care that is not part of the basic nursing services of the facility to patients with progressive neurological disorders. Alzheimer's is characterized by loss of memory, confusion, agitation, loss of motor skills and eventual death. Patients often exhibit emotional instability and problems such as wandering, depression, belligerence and incontinence. Non-Alzheimer's dementias include vascular and multi-infarct dementia; frontal temporal dementias such as Pick's disease; dementias related to stroke, Parkinsons disease or Creutzfeldt-Jakob's disease; or organic brain syndrome (OBS), chronic brain syndrome, and senility.

b. Palliative Care - Distinct units or services providing treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient and family as they experience the stress of the dying process. Palliative care focuses on comfort and the quality of a patient's life, rather than curing the patient's illness. Distinct services or units providing care that is not part of the basic nursing services provided by the facility.

c. Pediatric Rehabilitation - Services such as speech-language pathology, occupational and physical therapy, respiratory therapy, psychological, and recreational therapy for patients under the age of 18. These services are professionally provided and administered by qualified trained personnel to maintain a patient's present status or to improve or restore a complication or condition resulting from an illness or injury. Does not include activities provided by untrained, non-professionals, e.g., the continuation of therapy which is not under the direct supervision of a trained therapist. Distinct rehabilitation services or units providing care to persons under the age of 18 that is not part of the basic nursing services provided by the facility.

d. Pediatric Services - Distinct services or units providing care to patients under the age of 18.

e. Renal Dialysis - Peritoneal or renal dialysis consisting of hemofiltration, Slow Continuous Ultrafiltration (SCUF), Continuous Arteriovenous Hemofiltration (CAVH), or Continuous Peritoneal Dialysis (CAPD).... Distinct services or units providing care that is not part of the basic services provided by the facility.

f. Specialized Wound Care - Care of more than simple redness or abrasion, such as pressure ulcers, surgical wounds, skin tears, second or third degree burns, to promote healing. Distinct services or units providing care that is not part of the basic services provided by the facility and administered by qualified personnel trained in wound care.

g. Ventilator Care - Any type of electrically or pneumatically powered closed-system mechanical ventilator support devices that ensure adequate ventilation in a patient who is, or who may become, unable to support his or her own respiration. Ventilator-dependent patients are unable to breathe on their own or are unable to breathe deeply or often enough to maintain an adequate level of oxygen in the blood. Ventilator care does not include BiPAP for CPAP. Distinct services or units providing

care that is not part of the basic services provided by the facility.

9.0 Data Relevant to an Open-Admission Application

For nonprofit CCRCs applying for an open-admission period, please report the patient days and available bed-days for both CCRC members and open-admission patients for the six-month period immediately preceding submission of the application to the VDH Office of Licensure and Certification.

Please refer to Virginia Code §32.1-276.5 section D 4 for additional detail.

		Total Patient Days			Total Available Beds Days
	Year	CCRC Contract	Open Admission	Total	
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					